

Part P, Division I	Section III	Issued	Page
Occupational Therapy	Prior Authorization	03/98	1P3-001

A. General Information

According to HFS 107.02 (3), Wis. Admin. Code, Wisconsin Medicaid requires prior authorization (PA) for certain services to:

- Safeguard against unnecessary or inappropriate care and services.
- Safeguard against excess payment.
- Assess the quality and timeliness of services.
- Determine if less expensive alternative care, services, or supplies are usable.
- Promote the most effective and appropriate use of available services and facilities.
- Curtail misutilization practices of providers and recipients.

Providers need PA for certain specified services *before* delivery, unless the service is an emergency. Payment is not made for services provided either before the grant date or after the expiration date indicated on the approved Prior Authorization Request Form (PA/RF). If the provider delivers a service that requires PA without first obtaining PA, the *provider* is responsible for the cost of the service.

PA does not guarantee payment. Provider eligibility, recipient eligibility, and medical status on the date of service, as well as all other Medicaid requirements, must be met before the claim is paid.

B. Services Requiring Prior Authorization

When Wisconsin Medicaid Requires Prior Authorization

Specific requirements:

1. Under HFS 107.17 (2), Wis. Admin. Code, Wisconsin Medicaid requires PA for therapy services received from any provider in the recipient's lifetime in excess of 35 days per spell of illness (SOI).
2. For conditions that *do not qualify for an SOI*, Wisconsin Medicaid requires PA starting with the *first day of treatment*.

Examples include:

- Decubitus ulcers.
 - Mental retardation.
3. Wisconsin Medicaid also requires PA starting with the first day of treatment for other circumstances, including:
 - Co-treatment (interdisciplinary treatment).
 - Procedures shown as unlisted (nonspecific) procedures as identified in Medicaid therapy publications.

Co-Treatment (Interdisciplinary Treatment)

All co-treatment requires PA. Each provider involved in co-treatment must complete a separate PA request that identifies the other co-treatment provider and documents the medical

Part P, Division I	Section III	Issued	Page
Occupational Therapy	Prior Authorization	03/98	1P3-002

**B. Services
Requiring Prior
Authorization
(continued)**

necessity of co-treatment. Refer to Section II of this handbook for additional information on covered services.

Co-treatment is approved only under extraordinary circumstances. Requests for co-treatment must include documentation justifying why individual treatment from a therapist does not provide maximum benefit to the recipient and why two different therapies treating simultaneously are required. Wisconsin Medicaid recognizes that physical therapy (PT), occupational therapy (OT), and speech pathology each provide a unique approach to the individual's treatment. Bureau of Health Care Financing (BHCF) Medicaid consultants review all PA requests for co-treatment.

Other Information

Providers should request PA for all services provided to recipients who currently receive, or have previously received, OT services from another certified provider to avoid denial for duplication of services. For example, payment is denied when another provider has a valid PA for therapy services, or when payment for occupational therapy services is received by another provider under a recipient's first or subsequent SOI.

Services Provided by Outpatient Hospital Facilities

PA requirements *in this section* do not apply to outpatient hospital services provided at the licensed hospital facility. However, hospital *off-site* services do follow PA and other requirements in this handbook.

Services Provided by Home Health Agencies

OT services provided by a home health agency are subject to separate PA requirements under HFS 107.11 (3), Wis. Admin. Code. Refer to Part L, Division II, of the private duty nursing and home health services provider handbook for more information about home health OT services.

Services Provided by School-Based Services Providers

Wisconsin Medicaid does not require PA for school-based services (SBS). The individualized education plan (IEP) is used in place of Medicaid PA.

**C. General Prior
Authorization
Requirements**

The general PA requirements for OT services are:

- The PA forms must be complete and must contain sufficient information to clearly describe the medical necessity of the services.
- Services must comply with all state and federal regulations.
- Additional attachments, if submitted with the PA request, must have the current date, recipient's name, and identification number on each page and be stapled to the PA forms. Attachments may only supplement the information requested on the forms. Attachments *are not* a replacement for the PA/RF and Prior Authorization Therapy Attachment (PA/TA) forms.

Refer to Appendices 8 through 11 of this handbook for sample forms and completion instructions.

Part P, Division I	Section III	Issued	Page
Occupational Therapy	Prior Authorization	03/98	1P3-003

D. Extension of Therapy Services

As specified in HFS 107.17 (3) (e), Wis. Admin. Code, extension of therapy services (i.e., additional therapy services) is not approved beyond the 35 treatment-day PA threshold per SOI in any of the following circumstances:

- The recipient shows no progress toward meeting or maintaining established and measurable treatment goals over a six-month period, or the recipient shows no ability within six months to carry over abilities gained from treatment.
- The recipient's chronological or developmental age, way of life, or home situation indicates the stated goals are not appropriate for the recipient or serve no functional or maintenance purposes.
- The recipient has achieved independence in daily activities, or can be supervised and assisted by restorative nursing personnel, active treatment staff, activity or recreation staff, caregivers or family.
- The evaluation indicates the recipient's abilities are functional for the recipient's present way of life.
- The recipient shows no motivation, interest, or desire to participate in therapy which may be for reasons of an overriding severe emotional disturbance.
- Other therapies or treatment are providing sufficient services to meet the recipient's functional needs.
- The services are:
 - ➔ Not medically necessary under HFS 101.03 (96m), Wis. Admin. Code.
 - ➔ Experimental under HFS 107.035, Wis. Admin. Code.
 - ➔ Not covered under HFS 107.03, Wis. Admin. Code.
 - ➔ Not reimbursable under HFS 107.02 (2), Wis. Admin. Code.

An amendment to extend the end-date of the PA request will not be approved when the PA expired prior to receipt of the amendment request. Submit a new PA request in this circumstance.

E. Completion of Prior Authorization Request Forms

For approval, a PA must meet the following requirements:

- The PA request forms must be filled out completely (i.e., all sections completed).
- The request must be accompanied by a physician's signature (a copy of the physician's order sheet dated within 90 days of its receipt by the fiscal agent indicating the physician's signature is acceptable). If the required documentation is missing from the request form, the request is returned to the provider for the missing information.
- A full and complete written report of the evaluation results and recommendations must be attached to the PA request.
- The treatment plan must contain specific measurable goals. Include instructions for follow-through or carryover by the recipient and/or caregiver. Carryover or follow-

Part P, Division I	Section III	Issued	Page
Occupational Therapy	Prior Authorization	03/98	1P3-004

E. Completion of Prior Authorization Request Forms
(continued)

through is to be realistically achievable by the recipient and/or caregiver both at the place of residence and other community settings in which the recipient participates (e.g., in a sheltered workshop). If carryover is not possible within six months of initiating treatment, continued authorization may not be approved under HFS 107.17 (3) (e) 1, Wis. Admin. Code.

- Progress statements must include measurable and other information relating to progress in motor, sensory integrative, and cognitive areas to performance of independent living/functional skills in specific, objective, and measurable terms.
- If therapy is being requested for a school-age child off the school site or in addition to school system therapy:
 - ➔ Attach a copy of the therapy IEP and the comprehensive therapy evaluation contained in the Multidisciplinary Team (M-Team) Report to the PA request for the purpose of coordination and integration of the educational and medical needs of the child.
 - ➔ If no therapy IEP or IEP M-Team therapy evaluation exists, information justifying the reason for the absence of school therapy must be submitted.
 - ➔ Documentation substantiating the medical necessity of proposed therapy and the procedure for coordinating the treatment plan between therapists must be submitted.
- If therapy is requested for a recipient in a facility for the developmentally disabled (FDD), a copy of the Interdisciplinary Program Plan (IPP) must be attached to the PA request to document coordination and integration of the active treatment and medical care plan of the recipient.
- Indicate the requested start date for therapy services to the right of element 24 on the PA/RF form.

F. Modifiers

Wisconsin Medicaid uses modifiers to distinguish whether the service was performed by an OT or PT when the service may be performed by either provider group. The use of modifiers prevents the need to designate separate procedure codes to describe the same service when performed by different provider types.

Modifiers for Occupational Therapy Procedure Codes

OTs, rehabilitation agencies, and therapy groups must add modifiers when requesting PA for *all* OT services.

Modifiers enable OTs and Wisconsin Medicaid to distinguish between PT and OT services with identical procedure codes. The modifier for OT procedures is "OT."

How to Request Prior Authorization Using Modifiers

Enter the "OT" modifier on the PA/RF (element 15) in addition to all the other required elements for OT services under the new coding structure.

Refer to Appendices 8 and 8a for a PA/RF sample and PA/RF completion instructions.

Part P, Division I	Section III	Issued	Page
Occupational Therapy	Prior Authorization	03/98	1P3-005

F. Modifiers
(continued)

How to Request a New Spell of Illness Using Modifiers

Complete elements 14-19 on the PA/RF when requesting approval of a new SOI for OT services using valid procedure codes. This is in addition to all other required elements on the PA/RF. Refer to Appendix 4 for a list of valid OT procedure codes, and to Appendices 10 and 10a for a PA/RF SOI sample and completion instructions.

G. Additional Information Relating to Prior Authorization

Section VIII of Part A, the all-provider handbook, identifies procedures for obtaining PA including emergency situations, appeal procedures, transferring authorization, supporting materials, retroactive authorization, recipient loss of eligibility midway in treatment, and PA for out-of-state providers.

Multiple Providers

If more than one OT provider from different agencies requests dual-treatment for one recipient, each provider must complete a separate PA/RF and submit the requests to be processed *at the same time*. In addition to completion of the required PA elements, include the following information:

- Reason for the dual treatment.
- Specific days of the week each provider administers the service.
- Procedure for the coordination of the treatment plan.
- The specific and unique contribution of each therapy provided.

Change of Provider

At the request of a provider, an approved PA may be transferred by Wisconsin Medicaid from the previous provider who obtained the approved PA to another provider. The transfer may occur when medically necessary and when new ownership of a provider or a change in billing number occurs but the therapist delivering the service to a recipient is unchanged. Contact the Medicaid fiscal agent, EDS, for more information.

The provider requesting transfer of the PA must send Wisconsin Medicaid:

- A copy of the current PA/RF.
- A new PA/RF which is completely filled out and indicates the “new” provider’s name and provider number.
- An explanatory cover letter, including the following information:
 - ➔ Specific reason for the change of provider.
 - ➔ Previous provider’s name, billing number, and treating therapist.
 - ➔ “New” provider’s name, billing number, and treating therapist.
 - ➔ The requested effective date of the transfer.

Part P, Division I	Section III	Issued	Page
Occupational Therapy	Prior Authorization	03/98	1P3-006

G. Additional Information Relating to Prior Authorization
(continued)

Wisconsin Medicaid encourages providers to observe professional courtesy by sharing information for administrative purposes. The expiration date of the current PA and the grant date of the new PA are based on the effective date requested on the cover letter.

Contact the Medicaid fiscal agent, EDS, for further information:

Correspondence Unit for Policy/Billing Information
(608) 221-9883
(800) 947-9627

Review of Prior Authorization Decisions

When a provider disagrees with a Wisconsin Medicaid PA decision, the provider may request an informal review by one of several methods:

Informal Review

- If a PA has been approved with modification, submit a letter to amend the therapy request. Include all information that supports the request. Call the Medicaid fiscal agent's therapy consultant, if appropriate, before submitting the amendment form to discuss the pertinent issues. If the amendment is approved, the approval date is the date when the amendment request is received by the Medicaid fiscal agent, EDS. It must be received within two weeks of the date the PA is signed by the consultant (process date) on the original PA/RF.
- If a PA has been denied, providers may call the Medicaid fiscal agent, EDS, or the adjudicating BHCF consultant/analyst to discuss the decision. If the consultant verbally agrees to change the decision based on additional clarifying information, a new PA request must be submitted to the fiscal agent with the additional documentation within two weeks of the process date on the denied PA/RF. This request can be backdated to the first Medicaid fiscal agent's receipt date of the original denied PA when the grant date is requested and the denied request is referred to in writing.

Fair Hearing Process

The *recipient* has the right to appeal PA denials through the fair hearing process. Recipients are notified in writing of the PA denial and their right to appeal.

Amending Approved Prior Authorization Requests

When medically necessary, providers may request amendment of valid PAs to change the frequency of treatment, the specific treatment codes, or the grant or expiration dates. Changes to the original PA request are based on changes in the recipient's *medical condition* (i.e., medically necessary increases or decreases in frequency, a different array of treatment modalities/procedures, or extending the expiration date).

Valid PAs are not amended to accommodate vacations or leaves of absence by either the recipient or provider. PA expiration dates may be amended up to one month beyond the original expiration date if the additional services are medically necessary and therapy will be discontinued after a brief extension of the therapy services. However, if therapy is continued, it is recommended that a new PA be submitted rather than going through the amendment process.

Part P, Division I	Section III	Issued	Page
Occupational Therapy	Prior Authorization	03/98	1P3-007

G. Additional Information Relating to Prior Authorization (continued)

Providers amending PA requests must:

- Write a letter to the fiscal agent requesting an amendment to the approved PA.
- Describe the reason for the request in sufficient detail so Wisconsin Medicaid can determine its medical necessity.
- Describe in detail the specific change requested.
- Attach a copy of the approved PA to be amended.
- Attach supporting clinical documentation.

Send the amendment request to:

Prior Authorization
EDS
6406 Bridge Road, Suite 88
Madison, WI 53784

Amendment Request Approval Criteria

Amendment requests may be approved if the request is medically necessary under HFS 101.03 (96m), Wis. Admin. Code, submitted before the date of the requested change, and fully explained and documented in the request. Clinical documentation of the medical necessity amendment request is required.

An example of an amendment request that may be approved is:

- A brief (less than one month) extension of the original approved PA, when the recipient's medical condition is reasonably anticipated to improve during the extension period such that therapy services will not be medically necessary following the requested extension (i.e., the provider is not expected to submit a new PA request for similar services following the extension).

Prior Authorization Amendment Request Denial Criteria

Amendment requests are denied if they are not medically necessary.

Requests are denied for the following reasons:

- Solely for the convenience of the recipient, the recipient's family, or the provider.
- Not received before the date of the requested change.
- Extending an approved PA expiration date when the recipient's medical condition changes significantly, requiring a new plan of care.

Part P, Division I	Section III	Issued	Page
Occupational Therapy	Prior Authorization	03/98	1P3-008

G. Additional Information Relating to Prior Authorization
(continued)

- Similar services are expected to be medically necessary following the expiration date of the approved PA.
- The PA expired prior to receipt of the amendment request.

Note:

At the end of a possible extension period, providers must submit a new PA request instead of requesting an extension if one of the following occurs:

- ➔ The recipient's medical condition changes significantly, requiring a new plan of care.
- ➔ Similar services are expected to be medically necessary.

Obtaining Prior Authorization

Sample PA forms, along with their completion and submittal instructions, are in Appendices 8 through 11 of this handbook.

Send completed PA forms to:

Prior Authorization Unit
EDS
6406 Bridge Road, Suite 88
Madison, WI 53784-0088

Order PA forms from:

Form Reorder
EDS
6406 Bridge Road
Madison, WI 53784-0003

Please specify the PA form and number desired. Reordered forms are included with form shipments. PA forms are not available by telephone request.

Refer to Appendix 13 of this handbook for helpful hints about Medicaid's PA process.

**H. HealthCheck
"Other Services"**

Wisconsin Medicaid may cover medically necessary services that are not otherwise covered if they are provided to a recipient under age 21 as a result of a HealthCheck examination.

To request PA for HealthCheck "Other Services":

- Submit a PA/RF:
 - ➔ Indicate on the PA/RF that the request is for HealthCheck "Other Services."
 - ➔ Wisconsin Medicaid assigns a procedure code if the service is approved.

Part P, Division I	Section III	Issued	Page
Occupational Therapy	Prior Authorization	03/98	1P3-009

**H. HealthCheck
“Other Services”
(continued)**

- Submit the PA/TA which clarifies the service and medical necessity of the service with the PA/RF.
- Include a signed and dated statement by the HealthCheck screener or an indication that the recipient received a HealthCheck screen.

The screen must have been performed within one year of the date of receipt of the PA request by the Medicaid fiscal agent, EDS. The service is a covered service under federal regulations.